



**WELL CHILD EXAM - EARLY
CHILDHOOD 2 YEARS**
(Meets EPSDT Guidelines)

DATE

EARLY CHILDHOOD: 2 YEARS

PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY		DATE OF BIRTH												
	ALLERGIES			CURRENT MEDICATIONS													
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT			TODAY I HAVE A QUESTION ABOUT:													
	<div>YES NO</div> <div><input type="checkbox"/> <input type="checkbox"/> My child eats a variety of foods.</div> <div><input type="checkbox"/> <input type="checkbox"/> My child settles well at bedtime and sleeps well.</div> <div><input type="checkbox"/> <input type="checkbox"/> My child can kick a ball.</div>			<div>YES NO</div> <div><input type="checkbox"/> <input type="checkbox"/> My child can stack blocks.</div> <div><input type="checkbox"/> <input type="checkbox"/> My child uses 2-3 word sentences.</div> <div><input type="checkbox"/> <input type="checkbox"/> My child is showing interest in toilet training.</div>													
WEIGHT KG/OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		HEAD CIR. PERCENTILE													
<div><input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history</div> <div>_____</div> <div>_____</div> <div>Screening: N A</div> <div>Hearing <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Vision <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Development: Circle area of concern</div> <div>Adaptive/Cognitive Language/Communication</div> <div>Gross Motor Social/Emotional Fine Motor</div> <div>Behavior <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Mental Health <input type="checkbox"/> <input type="checkbox"/> _____</div> <div>Physical: N A N A</div> <div>General appearance <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/></div> <div>Skin <input type="checkbox"/> <input type="checkbox"/> Lungs <input type="checkbox"/> <input type="checkbox"/></div> <div>Head <input type="checkbox"/> <input type="checkbox"/> Cardiovascular/Pulses <input type="checkbox"/> <input type="checkbox"/></div> <div>Eyes Cover/Uncover <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> <input type="checkbox"/></div> <div>Ears <input type="checkbox"/> <input type="checkbox"/> Genitalia <input type="checkbox"/> <input type="checkbox"/></div> <div>Nose <input type="checkbox"/> <input type="checkbox"/> Spine <input type="checkbox"/> <input type="checkbox"/></div> <div>Oropharynx/Teeth <input type="checkbox"/> <input type="checkbox"/> Extremities <input type="checkbox"/> <input type="checkbox"/></div> <div>Neck <input type="checkbox"/> <input type="checkbox"/> Neurologic <input type="checkbox"/> <input type="checkbox"/></div> <div>Nodes <input type="checkbox"/> <input type="checkbox"/> Gait <input type="checkbox"/> <input type="checkbox"/></div> <div>Describe abnormal findings and comments.</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>Diet _____</div> <div>Elimination _____</div> <div>Sleep _____</div> <div><input type="checkbox"/> Review Immunization Record <input type="checkbox"/> Lead Exposure</div> <div><input type="checkbox"/> Fluoride Supplements <input type="checkbox"/> Fluoride Varnish</div> <div><input type="checkbox"/> Hct/Hgb _____ <input type="checkbox"/> TB <input type="checkbox"/> Dental Referral</div> <div>Health Education: (Check all discussed/handouts given)</div> <div><input type="checkbox"/> Nutrition <input type="checkbox"/> Toilet Training <input type="checkbox"/> Safety</div> <div><input type="checkbox"/> Development <input type="checkbox"/> Car Seat or Booster Seat <input type="checkbox"/> TV Habits</div> <div><input type="checkbox"/> Passive Smoking <input type="checkbox"/> Discipline/Limits <input type="checkbox"/> Teeth Care</div> <div><input type="checkbox"/> Child Care</div> <div><input type="checkbox"/> Other: _____</div> <div>Assessment/Plan: _____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>IMMUNIZATIONS GIVEN</div> <div>REFERRALS</div> <div>HEALTH PROVIDER NAME</div> <div>HEALTH PROVIDER ADDRESS</div> <tr><td colspan="6">NEXT VISIT: 3 YEARS OF AGE</td></tr> <tr><td colspan="6">HEALTH PROVIDER SIGNATURE</td></tr>						NEXT VISIT: 3 YEARS OF AGE						HEALTH PROVIDER SIGNATURE					
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Your Toddler's Health at 2 Years

Milestones

Ways your toddler is developing between 2 and 3 years of age.

Jumps in place.

Pedals a tricycle.

Speaks in three or four word sentences.

Feeds and dresses himself.

Can draw a cross and a circle with a crayon.

Plays "make believe" games with dolls and stuffed animals.

You help your child learn new skills by playing with her.

For Help or More Information

Safe Gun Storage Information:

1-800-LOK-IT-UP (565-4887)

Child Care: Washington State Child Care Resources & referral Network,
1-800-446-1114

Poisoning Prevention: The Washington State Poison Center, 1-800-732-6985 or 1-800-572-0638 (TTY Relay)

For help if you feel very frustrated with your child: Family Help line, 1-800-932-HOPE (4673) Local crisis hotlines.

Parenting Skills or Support: Family Help line, 1-800-932-HOPE (4673) Family Resources Northwest, 1-888-746-9568 Local Community College Classes

Health Tips

Are your child's immunizations up to date? If so, he will not need any more until just before he enters kindergarten.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste. Make sure she gets a dental checkup once a year.

Parenting Tips

Talk with your child about what he is doing. Read picture books together and talk about the pictures.

Help your child enjoy active games like catch, tag, and hide-and-seek. Give her simple toys to play with, like blocks, crayons and paper, stuffed animals.

You may want your child to be toilet trained soon, but he may not be ready until about age 3. He will show you he is ready by being dry after sleep and telling you when he wants to use the toilet.

Limit television to 1 hour or less for children. Watch with them and talk about the programs.

Safety Tips

- Keep cleaning supplies and medicines locked up out of reach.
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up, in case a child is behind it.
- If you have guns at home, always store them safely. Keep them unloaded and locked up.
- Put a life jacket on your child whenever she is near the water or in a boat. Always watch her around water.
- Keep matches and lighters out of reach.

Guidance to Physicians and Nurse Practitioners for Early Childhood (2 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Lead Screen

Screen children for these risk factors:

- Live in or frequently visits day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

Pneumococcal Screen

Screen children for these risk factors:

- Age 2 and over with chronic illnesses specifically associated with pneumococcal disease or its complications; anatomic or functional asplenia; sickle cell disease; nephritic syndrome or chronic renal failure; cerebrospinal fluid leaks; or conditions associated with immunosuppression.

Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communication Development Inventory.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Kicks ball forward.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Removes article of clothing (not hat).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Combines 2 words.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses own name to refer to self. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Vocabulary of more than 50 words.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Strangers understand half child's speech. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Understands a two-step verbal command ("Pick up the toy; put it away") without gestures.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair). |
| <input type="checkbox"/> | <input type="checkbox"/> | Stacks 4 blocks. |

- Persistent rocking, hand flapping, head banging, or toe walking.
 - No spontaneous two word (not echolalic) phrases.
 - Any loss of any language or social skills.

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on **any two items**, *even one* of the underlined items, or any of the **boxed items** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**